INFORMATION ONLY PCACP-CRT Quarterly Audit Tool Quarter Date Range: Sub-awardee type: Auditor/Reviewer **SELECT SELECT SELECT SELECT SELECT** Sub-awardee name: Point of contact: Phone: Location Person **Phone: Programmatic Compliance Findings** Response Date: Submission date Notification Date: Were the quarterly updates **SELECT** 00/00/0000 00/00/0000 00/00/0000 00/00/0000 submitted on time.? Number of Findings Clarifications: Requests: Reminders: Recommendations: Minor Findings: Major Findings: Total: 0 0 0 0 0 0 Work Plan Activity Repeat **SELECT** Finding Type: Deficiency Type: SELECTSELECT Recommendation Finding: Number: 1 Compliance: SELECT Status: **SELECT** 00/00/0000 Work Plan Activity Repeat Deficiency Type: **SELECT** Finding Type: Recommendation SELECTSELECT Finding: Number: 2 Resolution date: Compliance: SELECT Status: SELECT 00/00/0000 Work Plan Activity Repeat Finding Type: Recommendation Deficiency Type: SELECT SELECT **SELECT** Finding: Number: 3 Solution: Resolution date: Compliance:

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